## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

- Registration District No. - Primary Registration District No. - Registrat's No.

6	0	3-044267
6161	مز	STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	A	MEND	ED	1 -	FILED UEC 2 (06)								
				1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence						Residence before			
V\$ 300	9			1_	a. COUNTY JACKSON				a. STATE KANSAS: b. COUNTY WYANDO TTE. admission)				
Rev. 4/59	Σ	i			OP `	prporate limits, give TOWNS	HIP only)	Length of stay in 1b	c. CITY OR				Inside Limits
_	AMENDED		H			SAS CITY		1 month		EDWA RDSV ]	ILLE		Yes □ No 🔁
1	H A			1	c. FULL NAME OF (IF	NOT in hospital, give local		Inside Limits	d. STREET ADDRESS		(If cutside, give lo	cation)	Reside on Farm
28/30	DATE			-	INSTITUTION	HOSPITAL OR DOCTORS HOSPITAL Yes Z No [			, ADDRESS	Rural Box 47 Yes 🖟 No 🗆			
3			П		3. NAME OF DECEASED First. Middle (Type or print)				Last	4. DATE OF	Month	Day	Year
4 0	1	-		-		CREI			SHEPARD S		<u>Nov 8</u>	1963	
5 2	11				s. sex male	6. COLOR OR RACE white	7. Married [ Widowed		8. DATE OF BI		st birthday) IF UN Monti	DER 1 YEAR	Hours Min.
	1	-	Н	1 -		(Give kind of work done	10b. KIND OF	BUSINESS OR INDUSTR	TY 11. BIRTHPLA	ACE (City and state	or country) 12.	CITIZEN OF V	WHAT COUNTRY
6		ļ			during most of worki	ng life, even if retired) (armer	farmin	<u>e</u>	Bunst	on. Mo	l us	3A	
7 0		Ì		-	3a. FATHER'S NAME		13b. N	OTHER'S MAIDEN NAM	ΛE	14.	NAME OF HUSBAN		
7 <b>0</b>	5	-			Monro	e L. Shepard	E1	izabeth Wya	ե <b>ե</b>	J.	essie M.		
8 / 10	,	1	1	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Indiana de 12						isville		
92364	1 1	-			Yes, no, or unknown) (II	yes, give war or dates of	sarvi		Mrs Shir	ley Knigh	t P.O.Box	47	Ks.
<u> 325 x </u>			]   <u>-</u>	, I -	18. CAUSE OF DEATH	(Enter only one cause per	line		•			INI	TERVAL BETWEEN
10 I	1 1	1		إ	PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  Congestive Heart Failure								
11	( o		=	Š		IMMEDIATE CAUSE (a)	' <del></del>	<u> </u>					
u	NSTEAD		WI JOU	Š	Conditions, if any, which gave rise to above cause (a), stating the under-								
12 <b>53-2</b>	ISN												
13	.   🗖		П		lying	cause last. ] DUE TO (c		<u>_</u>				<del></del>	<del></del>
	5			Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. (a)  PART III. If deceased was female was there a pregnancy in last 90 days.								
<u> </u>	<u> </u>		1	3	Yes No Unkno					No Unknown			
	<u> </u>	-  -	[	NOITECATION	19. WAS AUTOPSY	20a. ACCIDENT SUICID	E HOMICIDE	20b. DESCRIBE HO	W INJURY OCCU	RRED. (Enter nature	of injury in PART	or PART II	of item 18.)
ON SAFENTS								<u> </u>	<u> </u>				
Z Z				MEDICAL	20c. TIME OF Hou INJURY a.m. p.m.						<u> </u>		
BLACK INK OR RITER RIBBON				<b>ו</b>	20d. INJURY OCCURE WHILE AT WORL NOT WHILE AT	ED 20e. PLACE	OF INJURY (e.e.	g., in or about home, ffice bldg., etc.)	20f. CITY, TOWN	I, OR LOCATION	COL	YTAL	STATE
<b>8 % 8</b>	8	- [	1 [	5	<u> </u>	10-	5-63	***	11/8/63	_and last saw his	K <sub>alive on //-</sub>	8-6	3
	SHOULD READ			Ba	21. I attended the di	eceased tront		30A m on 1	he date stated abo		n of my knowledge	, from the cr	nuses stated.
USE	151			٠	22s. SIGNATURE		ree oretitle)		22b. ADDRESS				22c. DATE SIGNED
→ <u>+</u>	浧	-			No.	U 11135		D.O.	4150 Ra	inbow K.	C.Ks.	ļ	11/9/63
<b>-</b>	$\vdash$	- -		ž j	23a. SURIAL, CREMATION	, 23b. DATE	23c. NAM	E OF CEMETERY OR CR	EMATORY		N (City, town, or	:ounty)	(State)
	Š	-	V CELO	น ยื่อ	removal (Specify)	11/11/63	Chap	el Hill Mem.	Gardens	K C K			
	EM			Ţ	24. FUNERAL DIRECTOR	ADI	DRESS	25. DA	NTE RECD. BY LOC	AL REG. 26. RE	GISTRAR'S SIGNAT	,,,	•
·	胃	- 1	2	5	JOS. A.	BUTLER'S SONS	K.C.K		12-63	5   6	Glosie	-5/2	eth _
1	(Licensed Embalmer's Statement on Reverse Side)												

## STATEMENT BY LICENSED EMBALMER

1 hereby	certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	<del> </del>	, Student Embalmer No
working under m	y personal supervision.	
Student		Signed Junall W Dannes
	Signature of Student Embalmer	
		Licensed Embalmer No. 3462
		P. O. Address KCK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.